

Concepts, Inc

2740 Old State Route 32
Batavia, Ohio 45103
Phone: 513-724-0585 Fax: 513-724-0530

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APPLICATION FOR CREDIT

Date: _____

COMPANY INFORMATION	
BUSINESS NAME: (DBA, IF APPLICABLE)	BUSINESS LEGAL STRUCTURE: <input type="checkbox"/> CORPORATION / LLC <input type="checkbox"/> PARTNERSHIP / LLP <input type="checkbox"/> PROPRIETORSHIP
BILLING ADDRESS:	
PH: _____ FAX: _____	YEAR ESTABLISHED:
SHIPPING ADDRESS:	STATE OF INCORPORATION:
PH: _____ FAX: _____	
NUMBER OF EMPLOYEES:	TYPE OF BUSINESS:
NUMBER OF YEARS AT CURRENT LOCATION:	BUSINESS PROPERTY: <input type="checkbox"/> RENT <input type="checkbox"/> OWN
FEDERAL I.D. #	SALES TAX STATUS: <input type="checkbox"/> TAXABLE <input type="checkbox"/> EXEMPT (certificate must be attached)
ACCOUNTS PAYABLE	
CREDIT LIMIT	
CREDIT LIMIT: (\$5,000.00 STANDARD LIMIT)	DO YOU REQUIRE A HIGHER CREDIT LIMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO CREDIT LIMIT REQUESTED: _____
FINANCIAL INFORMATION	
BANK:	ACCOUNT NUMBER:
ADDRESS:	BANK CONTACT:
CITY, STATE, ZIP:	PHONE:

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APPLICATION FOR CREDIT (continued):

OWNER(S) OR OFFICERS	
NAME & TITLE:	NAME & TITLE:
HOME	HOME
CITY, STATE,	CITY, STATE,
PHONE:	PHONE:
SOCIAL SECURITY #:	SOCIAL SECURITY #:
TRADE REFERENCES	
1. NAME:	ACCOUNT #:
ADDRESS:	PHONE:
CITY, STATE,	FAX:
2. NAME:	ACCOUNT #:
ADDRESS:	PHONE:
CITY, STATE,	FAX:
3. NAME:	ACCOUNT #:
ADDRESS:	PHONE:
CITY, STATE,	FAX:

TERMS AND CONDITIONS OF SALE

I (we) understand the Terms and Conditions of Sale to be: all invoices due by due date on invoice, typically 30 days. All Accounts past due are subject to an annual 18% service charge (1 1/2 % per month). Unless specifically authorized, NO shipment will be made or new orders processed when any previous invoice is past due. These terms, discounts and/or incentives will be qualified by the postmark date of payment. Goods in transit are at the risk of purchaser and any claims must be made with the freight carrier. Shipments should be inspected immediately and shortages noted on the Bill of Lading. Any person signing for and on behalf of a corporation shall be personally liable to the vendor, jointly and severally with the corporation, for any obligation and responsibility arising from the purchase of merchandise made under this application for credit. All orders are non-cancelable.

I (we) agree to the credit terms as described above and authorize Concepts, Inc. to obtain information from the above references.

Name

Signature

Title

Date

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Individual Personal Guarantee

Date _____

I, _____, residing at _____,
For and consideration of your extending credit at my request to:

(Company Name)

Do hereby personally guarantee payment to _____,
(Company Name)

(Company Address)

I hereby agree to bind myself to pay you on demand any sum, which may become due to

if the Company is a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby
waive notice of default, non-payment and notice thereof and consent to any modification of renewal of the credit hereby
granted.

Signature: _____

Printed Name: _____

Witness Signature: _____

Address of Witness: _____

NOTE: Personal guarantee must be filled out completely, signed and witnessed.